

Question #6 submitted by committee member Sandstrom

What are the accreditation criteria for facilities as to the qualifications and duties of non- licensed staff working in operating rooms? What percentage of Nebraska hospitals and surgical facilities are accredited?

The Joint Commission standards do not require individual certification of staff as a condition precedent to accreditation. A list of accredited hospitals (and the ability to refine the search to ASCs and other sub-specialties) is found at:

http://www.qualitycheck.org/consumer/searchResults.aspx?ddstatelist2=NE&ddcitylist=-1&st_cd=NE&st=NE&st_nm=NEBRASKA&cty_nm=&cty_id=-1&provGrpId=2&provGrpIdtracker=2

This search resulted in 39 hospitals accredited by the Joint Commission in Nebraska.

Additionally, the American Nurses Credentialing Center does grant “magnet status” to hospitals for meeting various requirements related to nursing. The requirements are exclusively related to nurses, but anecdotally hospitals seeking magnet status may agree to certify various staff members, including surgical staff.

The following and below is information related to the Medicare Conditions of Participation for Surgical Services and the Joint Commission's related Human Resources standards.

CMS

The Medicare Conditions of Participation state, " **§482.51(a)(4) - Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.**" Attached are the related Centers for Medicare & Medicare Services Interpretive Guidelines.

Joint Commission

The Joint Commission uses standards, and, similar to interpretive guidelines, they have explanatory notes called, "Elements of Performance" abbreviated “EP.” HR stands for Human Resources. I was able to track down 2012 standards. The current Joint Commission standards are available for purchase for \$199.

Standard HR.01.02.05 reads, "The hospital verifies staff qualifications"

EP 1 – When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed.

EP 2 – When the hospital requires licensure, registration, or certification not required by law or regulation, the hospital both verifies these credentials and documents this verification at the time of hire and when credentials are renewed.

EP 3 – The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

EP 4 – The hospital obtains a criminal background check on the applicant as required by law and regulation or hospital policy. Criminal background checks are documented.

EP 5 – Staff comply with applicable health screenings as required by law and regulation or hospital policy. Health screening compliance is documented.

EP 6 – The hospital uses the following information from HR.01.02.05, Elements of Performance 1-5, to make decisions about staff job responsibilities:

- Required licensure, certification, or registration verification
- Required credentials verification
- Education and experience verification
- Criminal background check
- Applicable health screenings

EP 7 – Before providing care, treatment, and services, the hospital confirms that nonemployees who are brought into the hospital by a licensed independent practitioner to provide care, treatment, or services have the same qualifications and competencies required of employed individuals performing the same or similar services at the hospital.

HR.01.02.07 reads “The organization determines how staff function within the organization.”

Element of Performance 1: All staff who provide patient care, treatment, or service possess a current license, certification, or registration, in accordance with law and regulation.

Element of Performance 2: Staff who provide patient care, treatment, or services practice within the scope of their license, certification, or registration and as required by law and regulation.

**Medicare Conditions of Participation Interpretive Guidelines
A-0945**

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.51(a)(4) - Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.

Interpretive Guidelines §482.51(a)(4)

Surgical privileges should be reviewed and updated at least every 2 years. A current roster listing each practitioner’s specific surgical privileges must be available in the surgical suite and area/location where the scheduling of surgical procedures is done. A current list of surgeons suspended from surgical privileges or whose surgical privileges have been restricted must also be retained in these areas/locations.

The hospital must delineate the surgical privileges of all practitioners performing surgery and surgical procedures. The medical staff is accountable to the governing body for the quality of care provided to patients. The medical staff bylaws must include criteria for determining the privileges to be granted to an individual practitioner and a procedure for applying the criteria to individuals requesting privileges. Surgical privileges are granted in accordance with the competencies of each practitioner. The medical staff appraisal procedures must evaluate each individual practitioner’s training, education, experience, and demonstrated competence as established by the hospital’s QAPI program, credentialing process, the practitioner’s adherence to hospital policies and procedures, and in accordance with scope of practice and other State laws and regulations.

The hospital must specify the surgical privileges for each practitioner that performs surgical tasks. This would include practitioners such as MD/DO, dentists, oral surgeons, podiatrists, RN first assistants, nurse practitioners, surgical physician assistants, surgical technicians, etc. When a practitioner may perform certain surgical procedures under supervision, the specific tasks/procedures and the degree of supervision (to include whether or not the supervising practitioner is physically present in the same OR, in line of sight of the practitioner being supervised) be delineated in that practitioner's surgical privileges and included on the surgical roster.

If the hospital utilizes RN First Assistants, surgical PA, or other non-MD/DO surgical assistants, the hospital must establish criteria, qualifications and a credentialing process to grant specific privileges to individual practitioners based on each individual practitioner's compliance with the privileging/credentialing criteria and in accordance with Federal and State laws and regulations. This would include surgical services tasks conducted by these practitioners while under the supervision of an MD/DO.

When practitioners whose scope of practice for conducting surgical procedures requires the direct supervision of an MD/DO surgeon, the term "supervision" would mean the supervising MD/DO surgeon is present in the same room, working with the same patient.

Surgery and all surgical procedures must be conducted by a practitioner who meets the medical staff criteria and procedures for the privileges granted, who has been granted specific surgical privileges by the governing body in accordance with those criteria, and who is working within the scope of those granted and documented privileges.

No regulations (public or private) actually impose a certification requirement. If the certification was required, all accredited hospitals would already have this requirement in place which is not currently the standard.